



### **Executive Summary**

Summarizes the Site, Parking, Facility Size, Staff and Contract Health Dollars necessary for the Service Delivery Plan in 2015. Identifies the Direct Care Services Offered to include highlighting any new services. Identifies the communities and population served for each service. The second page of the Executive Summary documents the priority resource issues as identified through the Master Planning process.

### **Historical Utilization by Location of Encounter**

Documents 3 years of RPMS and contract care workloads provided at the facility predominantly serving the Primary Care Service Area by product line and specialty.

### **Historical Utilization by Community of Residence**

Documents 3 years of RPMS and contract care workloads provided to the user population of the Service Delivery Area by product line and specialty.

### **Market Assessment**

Compares the Historical Workload to the Health System Planning software and to national averages of patient care utilization, projecting future workloads based upon the worst case of these three planning scenarios. Also documents the percentage of care that will require contracting due to acuity and the quantity of care that can potentially be served by the direct care system.

### **Service Delivery Plan**

Recommended service delivery plan by product line based upon projected workload, key characteristics, patient classification and tribal and IHS input.

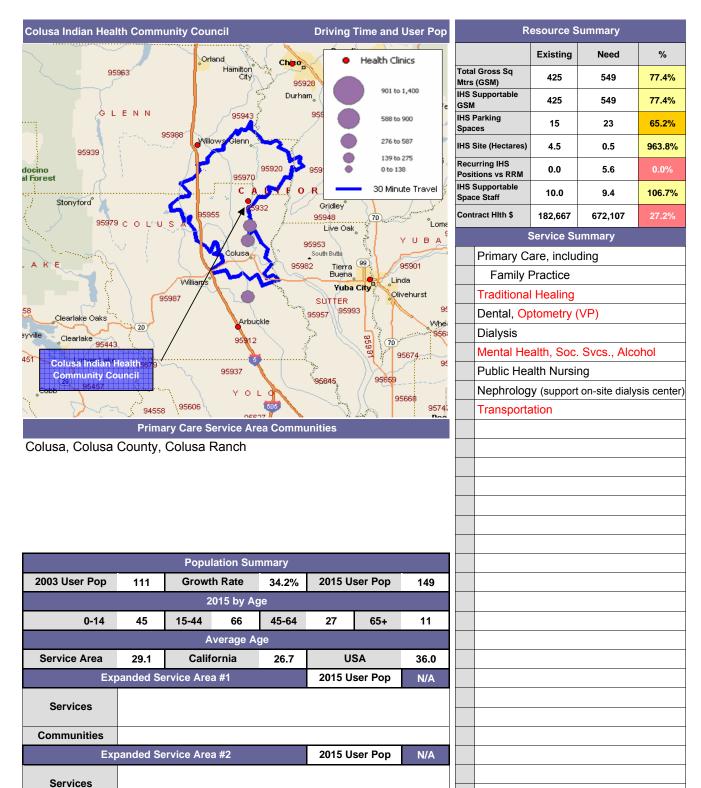
#### **Resource Allocation**

Quantifies the necessary space and key characteristics for the Service Delivery Plan and compares them against existing resources. Also tabulates necessary contract health dollars based on the delivery plan.

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### **Executive Summary**



New services are identified in red.

Communities



### **Executive Summary**

### **Service Area Description**

The Colusa Indian Health Community Council Center, serving the Primary Care Service Area Communities listed to the left, is located in the city of Colusa, approximately 79 miles north of Sacramento, California. As part of the Colusa Indian Health Community Council, it is a hub of primary care for Native Americans living Colusa. It sends most of its referral workload to Colusa Regional Medical Center. The closest alternative care options can be found in Colusa (Primary & Secondary Care) and Sacramento (Tertiary Care).

As noted in the Service Summary to the left, Colusa Indian Health Center plans to operate as a 40 hour per week Health Center with complete primary care services, dental, behavioral health, dialysis and supporting ancillary services. New services anticipated in 2015 include Traditional Healing, Mental Health, Soc. Svcs., Podiatry, Audiology, and Optometry.

### **Facility Description**

The Colusa Indian Health Community Council Facility, is part of a permanent structure housing 4 separate buildings. The entire structure is a one-story, octogon shape and is approximately 425 SM.

	Services & Resourcing Priorities
1	Increase Needed Primary Care Space
2	Add Property & Supply Space
3	Add Specialty Care Space
4	Add Transportation FTE
5	Add Public Health Nursing Space
6	Add Traditional Healing Space
7	Add Traditional Healing FTE
8	Add Alcohol & Substance Abuse FTE
9	Increase Behavioral Health Counseling Space
10	Add Health Information Management FTE
11	Add Business Office FTE
12	Add Housekeeping & Linen Space
13	Add Houskeeping & Linen FTE
14	Increase Dialysis Space
15	Add Mental Health FTE

# The California Area Health Services Master Plan Colusa Indian Health Community Council



# **Executive Summary**

	Services & Resourcing Priorities Continued
16	Add Property & Supply FTE
17	Add Clinical Engineering FTE
18	Add Facility Management FTE
19	Increase Tribal Health Administration Space
20	
21	
22	
23	
24	
25	

	Campus Infrastructure Priorities										
1	New infrastructure upgrade recently implemented	7									
2	Site is undersized - need to expand patient care space	8									
3		9									
4		10									
5		11									
6		12									

	Functional Deficiencies										
1	No space for expansion of Dental	7									
2	Need space for emergency care, casting and increased workload	8									
3	Limited office space	9									
4	Need dedicated space for teaching and equipment	10									
5	Need dedicated telemedicine space	11									
6		12									

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# **Colusa Indian Health Community Council**



# Historical Workloads by Location of Encounter - Native American

Historical Workloads according to RPMS, Contract Health and Questionnaire data.

		irect or Trib	al Health Ca	ire	Contract Health Care						
Discipline	2002	2003	2004	Average	2002	2003	2004	Average	% Contract Care		
		Provider \	isits Only			Р	Provider Visits	Only			
Primary Care											
Family Practice	0	0	0	0	0	0	0	0	0%		
Internal Medicine	0	0	0	0				0	0%		
Pediatric	0	0	0	0	0	0	0	0	0%		
Ob/Gyn	0	0	0	0	0	0	0	0	0%		
Emergency Care	-										
Emergency/Urgent	0	0	0	0				0	0%		
ER/Non-urgent	0	0	0	0				0	0%		
Specialty Care											
Orthopedics	0	0	0	0	0	0	0	0	0%		
Ophthalmology	0	0	0	0	0	0	0	0	0%		
Dermatology	0	0	0	0	0	0	0	0	0%		
General Surgery	0	0	0	0	0	0	0	0	0%		
Otolaryngology	0	0	0	0	0	0	0	0	0%		
Cardiology	0	0	0	0	0	0	0	0	0%		
Urology	0	0	0	0	O	U	U	0	0%		
Neurology	0	0	0	0	0	0	0	0	0%		
Nephrology	0	0	0	0	0	0	0	0	0%		
Allergy	U	U	U	0	U	U	U	0	0%		
0,				0				0	070		
Pulmonology Gerontology	_										
		- Danida	. 0		N40 0 t-			. ( 0	. P = 4		
Gastroenterology	N	o Provide	r Codes	WITHIN RP	MS Syste	m for the	se types	of Specia	alist.		
Rheumatology											
Oncology Pediatric-Genetics				0				0	0%		
	0	0	0					0			
Traditional Healing	0	0	0	0				0	0%		
Totals	0	0	0		0	0	0		0%		
Direct & Tribal Care + Contract Care	0	0	0								
* Provider Visits - Document visits to	o a Physician	, Nurse Pract	itioner, Midw	rife, and or Phy	ysician Assista	ant.					
Other Ambulatory Care Serv	ices										
Dental Service Minutes	0	0	0	0				0	0%		
Optometry Visits	0	0	0	0	0	0	0	0	0%		
Podiatry Visits	0	0	0	0	0	0	0	0	0%		
Dialysis Patients	0	0	0	0				0	0%		
Audiology Visits	0	0	0	0	0	0	0	0	0%		
Outpatient Behavioral	U	U	U	J	U	J	U	U	J /0		
Health											

Optometry Visits	0	0	0	0	0	0	0	0	0%
Podiatry Visits	0	0	0	0	0	0	0	0	0%
Dialysis Patients	0	0	0	0				0	0%
Audiology Visits	0	0	0	0	0	0	0	0	0%
Outpatient Behavioral									_
Health									
Mental Health Visits	0	0	0	0				0	0%
Psychiatry	0	0	0	0	0	0	0	0	0%
Social Services Visits	0	0	0	0				0	0%
Alcohol & Substance Abuse	0	0	0	0				0	0%

0

0

0

0

0%

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**BH Visit Totals** 

Visits



# Historical Workloads by Location of Encounter - Native American

Historical Workloads according to RPMS, Contract Health and Questionnaire data.

		Direct or Trib	al Health Ca	are		Сог	ntract Healt	h Care	
Discipline	2002	2003	2004	Average	2002	2003	2004	Average	% Contract Care
Inpatient Care									
Labor & Delivery Births	0	0	0	0	0	0	0	0	0%
Obstetrics Patient Days	0	0	0	0	0	0	0	0	0%
Neonatology Patient Days	0	0	0	0	0	0	0	0	0%
Pediatric Patient Days	0	0	0	0	0	0	0	0	0%
Adult Medical Patient Days									
Cardiology	0	0	0	0	0	0	0	0	0%
Endocrinology	0	0	0	0	0	0	0	0	0%
Gastroenterology	0	0	0	0	0	0	0	0	0%
General Medicine	0	0	0	0	0	0	0	0	0%
Hematology	0	0	0	0	0	0	0	0	0%
Nephrology	0	0	0	0	0	0	0	0	0%
Neurology	0	0	0	0	0	0	0	0	0%
Oncology	0	0	0	0	0	0	0	0	0%
Pulmonary	0	0	0	0	0	0	0	0	0%
Rheumatology	0	0	0	0	0	0	0	0	0%
Unknown	0	0	0	0	0	0	0	0	0%
Medical Patient Day Total	0	0	0	0	0	0	0	0	0%
Adult Surgical Patient Days								_	
Dentistry	0	0	0	0	0	0	0	0	0%
Dermatology	0	0	0	0	0	0	0	0	0%
General Surgery	0	0	0	0	0	0	0	0	0%
Gynecology	0	0	0	0	0	0	0	0	0%
Neurosurgery	0	0	0	0	0	0	0	0	0%
Ophthalmology	0	0	0	0	0	0	0	0	0%
Orthopedics	0	0	0	0	0	0	0	0	0%
Otolaryngology	0	0	0	0	0	0	0	0	0%
Thoracic Surgery	0	0	0	0	0	0	0	0	0%
Urology	0	0	0	0	0	0	0	0	0%
Vascular Surgery	0	0	0	0	0	0	0	0	0%
Surgical Patient Day Total	0	0	0	0	0	0	0	0	0%
Psychiatry Patient Days	0	0	0	0	0	0	0	0	0%
Medical Detox Patient Days	0	0	0	0	0	0	0	0	0%
Sub Acute/Transitional Care	0	0	0	0				0	0%
Inpatient Care Totals	0	0	0	0	0	0	0	0	0%
Direct & Tribal + Contract Care	0	0	0	0					
Substance Abuse Non- Acute	Care								
Adult Residential Treatment	0	0	0	0				0	0%
Adol. Residential Treatment	0	0	0	0				0	0%
SA Transitional Care	0	0	0	0				0	0%
Substance Abuse Totals	0	0	0	0	0	0	0	0	0%
Elder Care									
Skilled Nursing Patients	0	0	0	0				0	0%
Assisted Living Patients	0	0	0	0				0	0%
Hospice Patients	0	0	0	0				0	0%
Nursing Home Totals	0	0	0	0	0	0	0	0	0%
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# **Colusa Indian Health Community Council**



# Historical Workloads by Location of Encounter - Native American

Historical Workloads according to RPMS, Contract Health and Questionnaire data.

	D	irect or Trib	al Health Ca	ire		Coi	ntract Health	n Care	
Discipline	2002	2003	2004	Average	2002	2003	2004	Average	% Contract Care
Ancillary Services		•	•			•	•	•	
Lab Billable Tests	0	0	0	0				0	0%
Pharmacy Scripts	0	0	0	0				0	0%
Acute Dialysis Procedures	0	0	0	0				0	0%
Radiographic Exams	0	0	0	0	0	0	0	0	0%
Ultrasound Exams	0	0	0	0				0	0%
Mammography Exams	0	0	0	0				0	0%
Fluoroscopy Exams	0	0	0	0				0	0%
CT Exams	0	0	0	0				0	0%
MRI Exams	0	0	0	0				0	0%
Nuclear Medicine Exams	0	0	0	0				0	0%
Rad. Oncology Treatments	0	0	0	0				0	0%
Chemotherapy Treatments	0	0	0	0				0	0%
Physical Therapy Visits	0	0	0	0				0	0%
Occupational Therapy Visits	0	0	0	0				0	0%
Speech Therapy Visits	0	0	0	0				0	0%
Respiratory Therapy	0	0	0	0				0	0%
Cardiac Catheterization	0	0	0	0				0	0%
Home Health Care Patients	0	0	0	0				0	0%
Minor Procedure Cases									
Endoscopy	0	0	0	0	0	0	0	0	0%
Outpatient Surgery Cases									
Cardiovascular	0	0	0	0	0	0	0	0	0%
Digestive	0	0	0	0	0	0	0	0	0%
Endocrine	0	0	0	0	0	0	0	0	0%
ENT	0	0	0	0	0	0	0	0	0%
Gynecology	0	0	0	0	0	0	0	0	0%
Hemic and Lymphatic	0	0	0	0	0	0	0	0	0%
Integument	0	0	0	0	0	0	0	0	0%
Musculoskeletal	0	0	0	0	0	0	0	0	0%
Nervous	0	0	0	0	0	0	0	0	0%
Ocular	0	0	0	0	0	0	0	0	0%
Respiratory	0	0	0	0	0	0	0	0	0%
Urogenital	0	0	0	0	0	0	0	0	0%
OP Surgical Case Total	0	0	0	0	0	0	0	0	0%
Inpatient Surgery Cases	0	0	0	0	0	0	0	0	0%
Surgical Case Total	0	0	0	0	0	0	0	0	0%
Direct & Tribal + Contract Care	0	0	0	0					
EMC Des Haggital Danie	^	0	^	0				0	00/
EMS - Pre-Hospital Resp.	0	0	0	0				0	0%
EMS - Inter Hospital Resp	0	0	0	0				0	0%

## **Colusa Indian Health Community Council**



# Historical Workloads by Community of Residence - Native American

Historical Workloads according to RPMS, Contract Health and Questionnaire data.

	D	irect or Trib	al Health Ca	ıre		Co	ntract Healt	h Care	
Discipline	2002	2003	2004	Average	2002	2003	2004	Average	% Contract Care
		Provider \	isits Only	•		Р	rovider Visits	Only	
Primary Care									
Family Practice	196	199	180	192	0	0	0	0	0.0%
Internal Medicine	0	0	0	0				0	0%
Pediatric	1	0	0	0	0	0	0	0	0.0%
Ob/Gyn	0	0	0	0	0	0	0	0	0%
Emergency Care									
Emergency/Urgent	0	0	1	0				0	0.0%
ER/Non-urgent	0	0	0	0				0	0%
Specialty Care									
Orthopedics	0	0	0	0	0	0	0	0	0%
Ophthalmology	0	0	0	0	0	0	0	0	0%
Dermatology	0	0	0	0	0	0	0	0	0%
General Surgery	0	0	0	0	0	0	0	0	0%
Otolaryngology	0	0	0	0	0	0	0	0	0%
Cardiology	0	0	0	0	0	0	0	0	0%
Urology	0	0	0	0				0	0%
Neurology	0	0	0	0	0	0	0	0	0%
Nephrology	0	0	0	0	0	0	0	0	0%
Allergy				0				0	0%
Pulmonology				^	_			^	00/
Gerontology									
Gastroenterology	No	Provide	r Codes	within RP	MS Syste	m for the	se types	of Specia	alist.
Rheumatology							,		
Oncology		_	_	_	_	_	_		
Pediatric-Genetics				0				0	0%
Traditional Healing	0	0	0	0				0	0%
Totals	197	199	181	192	0	0	0		0%
Direct & Tribal Care + Contract Care	197	199	181	192					

<sup>\*</sup> Provider Visits - Document visits to a Physician, Nurse Practitioner, Midwife, and or Physician Assistant.

**Other Ambulatory Care Services** 

Dental Service Minutes	0	0	0	0				0	0%
Optometry Visits	1	5	1	2	0	0	1	0	12.5%
Podiatry Visits	2	1	0	1	0	0	0	0	0.0%
Dialysis Patients	0	0	0	0				0	0%
Audiology Visits	0	0	0	0	0	0	1	0	100.0%
Outpatient Behavioral									_
Health									
Mental Health Visits	0	0	0	0				0	0%
Psychiatry	0	0	0	0	0	0	0	0	0%
Social Services Visits	0	0	0	0				0	0%
Alcohol & Substance Abuse	0	0	0	0				0	0%
Visits	U	U	U	U				U	0%
BH Visit Totals	0	0	0	0	0	0	0	0	0%

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July 2006

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# Historical Workloads by Community of Residence - Native American

Historical Workloads according to RPMS, Contract Health and Questionnaire data.

		Direct or Trib	al Health Ca	are		Сог	ntract Healt	h Care	
Discipline	2002	2003	2004	Average	2002	2003	2004	Average	% Contract Care
Inpatient Care									
Labor & Delivery Births	0	0	0	0	0	0	0	0	0%
Obstetrics Patient Days	0	0	0	0	0	0	0	0	0%
Neonatology Patient Days	0	0	0	0	0	0	0	0	0%
Pediatric Patient Days	0	0	0	0	0	0	0	0	0%
Adult Medical Patient Days									
Cardiology	0	0	0	0	0	0	0	0	0%
Endocrinology	0	0	0	0	0	0	0	0	0%
Gastroenterology	0	0	0	0	0	0	0	0	0%
General Medicine	0	0	0	0	0	0	0	0	0%
Hematology	0	0	0	0	0	0	0	0	0%
Nephrology	0	0	0	0	0	0	0	0	0%
Neurology	0	0	0	0	0	0	0	0	0%
Oncology	0	0	0	0	0	0	0	0	0%
Pulmonary	0	0	0	0	0	0	0	0	0%
Rheumatology	0	0	0	0	0	0	0	0	0%
Unknown	0	0	0	0	0	0	0	0	0%
Medical Patient Day Total	0	0	0	0	0	0	0	0	0%
Adult Surgical Patient Days								_	
Dentistry	0	0	0	0	0	0	0	0	0%
Dermatology	0	0	0	0	0	0	0	0	0%
General Surgery	0	0	0	0	0	0	0	0	0%
Gynecology	0	0	0	0	0	0	0	0	0%
Neurosurgery	0	0	0	0	0	0	0	0	0%
Ophthalmology	0	0	0	0	0	0	0	0	0%
Orthopedics	0	0	0	0	0	0	0	0	0%
Otolaryngology	0	0	0	0	0	0	0	0	0%
Thoracic Surgery	0	0	0	0	0	0	0	0	0%
Urology	0	0	0	0	0	0	0	0	0%
Vascular Surgery	0	0	0	0	0	0	0	0	0%
Surgical Patient Day Total	0	0	0	0	0	0	0	0	0%
Psychiatry Patient Days	0	0	0	0	0	0	0	0	0%
Medical Detox Patient Days	0	0	0	0	0	0	0	0	0%
Sub Acute/Transitional Care	0	0	0	0				0	0%
Inpatient Care Totals	0	0	0	0	0	0	0	0	0%
Direct & Tribal + Contract Care	0	0	0	0					
Substance Abuse Non- Acute	Care								
Adult Residential Treatment	0	0	0	0				0	0%
Adol. Residential Treatment	0	0	0	0				0	0%
SA Transitional Care	0	0	0	0				0	0%
Substance Abuse Totals	0	0	0	0	0	0	0	0	0%
Elder Care									
Skilled Nursing Patients	0	0	0	0				0	0%
Assisted Living Patients	0	0	0	0				0	0%
Hospice Patients	0	0	0	0				0	0%
Nursing Home Totals	0	0	0	0	0	0	0	0	0%
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# **Colusa Indian Health Community Council**



# Historical Workloads by Community of Residence - Native American

Historical Workloads according to RPMS, Contract Health and Questionnaire data.

	D	irect or Trib	al Health Ca	ıre		Coi	ntract Health	n Care	
Discipline	2002	2003	2004	Average	2002	2003	2004	Average	% Contract Care
Ancillary Services									
Lab Billable Tests	0	0	0	0				0	0%
Pharmacy Scripts	0	0	0	0				0	0%
Acute Dialysis Procedures	0	0	0	0				0	0%
Radiographic Exams	0	0	0	0	0	0	2	1	100.0%
Ultrasound Exams	0	0	0	0				0	0%
Mammography Exams	0	0	0	0				0	0%
Fluoroscopy Exams	0	0	0	0				0	0%
CT Exams	0	0	0	0				0	0%
MRI Exams	0	0	0	0				0	0%
Nuclear Medicine Exams	0	0	0	0				0	0%
Rad. Oncology Treatments	0	0	0	0				0	0%
Chemotherapy Treatments	0	0	0	0				0	0%
Physical Therapy Visits	0	0	0	0				0	0%
Occupational Therapy Visits	0	0	0	0				0	0%
Speech Therapy Visits	0	0	0	0				0	0%
Respiratory Therapy	0	0	0	0				0	0%
Cardiac Catheterization	0	0	0	0				0	0%
Home Health Care Patients	0	0	0	0				0	0%
Minor Procedure Cases									
Endoscopy	0	0	0	0	0	0	0	0	0%
Outpatient Surgery Cases									
Cardiovascular	0	0	0	0	0	0	0	0	0%
Digestive	0	0	0	0	0	0	0	0	0%
Endocrine	0	0	0	0	0	0	0	0	0%
ENT	0	0	0	0	0	0	0	0	0%
Gynecology	0	0	0	0	0	0	0	0	0%
Hemic and Lymphatic	0	0	0	0	0	0	0	0	0%
Integument	0	0	0	0	0	0	0	0	0%
Musculoskeletal	0	0	0	0	0	0	0	0	0%
Nervous	0	0	0	0	0	0	0	0	0%
Ocular	0	0	0	0	0	0	0	0	0%
Respiratory	0	0	0	0	0	0	0	0	0%
Urogenital	0	0	0	0	0	0	0	0	0%
OP Surgical Case Total	0	0	0	0	0	0	0	0	0%
Inpatient Surgery Cases	0	0	0	0	0	0	0	0	0%
Surgical Case Total	0	0	0	0	0	0	0	0	0%
Direct & Tribal + Contract Care	0	0	0	0					
EMS Dro Hospital Book	0	0	0	0				0	00/
EMS - Pre-Hospital Resp.	0	0	0	0				0	0%
EMS - Inter Hospital Resp	0	0	0	0				0	0%

# Colusa Indian Health Community Council



### Market Assessment - Native American

Historical vs. Market Potential - In accordance to the population, compares the Historical Workload to the US State or National Average (USNA) and IHS Health System Planning (HSP) Software. USNA are taken from a number of sources see Patient Utilization Table for sources.

0001000.									
Year		2003			2015		2015 PI	anning Ass	umption
HSP User Pop PSA		111			149				
Discipline	3 Year History	USNA	HSP	3 Year History	USNA	HSP	Total	Direct Care	Contract Care
	Pro	vider Visits Or	nly	Pro	vider Visits Or	nly	Р	rovider Visits O	nly
Primary care									
Family Practice	192	121		257	162	-	390	390	0
Internal Medicine	0	45		0	61	Cell = Sub-Total less PC	61	61	0
Pediatric	0	63		0	83	Specialties	83	83	0
Ob/Gyn	0	44		0	59		59	59	0
Urgent Care Clinic	0	070	440	0	205	502	0	0	0
Primary Care Sub-Tot.	192	272	440	258	365	593	593	593	0
Emergency Care									
Emergency/Urgent	0	25		0	34	Cell = Sub-Total	34	34	0
ER/Non-urgent		17			22	less E/U	▶ 31	31	0
Emerg. Care Sub-Tot.	0	42	51	0	56	65	65	65	0
Specialty Care									
Orthopedics	0	20		0	27		27	27	0
Ophthalmology	0	15		0	20		20	20	0
Dermatology	0	16		0	21		21	21	0
General Surgery	0	16		0	21		21	21	0
Otolaryngology	0	10		0	13		13	13	0
Cardiology	0	5		0	6		6	6	0
Urology	0	5		0	7		7	7	0
Neurology	0	4		0	6		6	6	0
Other Specialties	0	34		0	46		33	33	0
Nephrology	0 0	Unknown 3		0 0	Unknown 5		0 5	0 5	0 0
Allergy Pulmonology	0	3 1		0	2		2	2	0
Gerontology	0	Unknown		0	Unknown		0	0	0
Gastroenterology	0	3		0	4		4	4	0
Rheumatology	0	Unknown		0	Unknown		0	0	0
Oncology	0	2		0	3		3	3	0
Pediatric-Genetics	0	Unknown		0	Unknown		0	0	0
Traditional Healing	0	Unknown		0	Unknown		0	0	0
Specialty Care Sub-Tot.	0	134	20	0	181	26	168	168	0
Total Provider Visits By									
PSA Residents	192	448	511	258	602	683	825	825	0
Provider Visits	Unmet need if (-)	-318	Over Utilization	on if (+)					
Total Provider Patient	.,		4.00	The rate is	established b	y dividing the	Total Provide	er Visits from th	ne PSA by
Utilization Rate	1.73	4.04	4.60	the User Po	opulation.				
Other Ambulatory Care									
Services									
Dental Service Minutes	0	9,968	10,545	0	13,395	14,155	14,155	14,155	0
Optometry Visits	3	Unknown	35	4	Unknown	48	48	48	0
Podiatry Visits	1	21		1	29		29	29	0
Dialysis Patients	0	Unknown	40	0	Unknown	45	0	0	0
Audiology Visits	0	18	13	0	24	15	24	24	0
Outpatient Behavioral Health	Services								
Mental Health Visits	0	Unknown	17	0	Unknown	24	24	24	0
Psychiatry	0	11		0	15		15	15	0
Social Services Visits	0	Unknown		0	Unknown		0	0	0
Alcohol & Substance Abuse	0	Unknown	4-	0	Unknown	0:	0	0	0
BH Visits Totals	0	11	17	0	15	24	39	39	0

## **Colusa Indian Health Community Council**



### Market Assessment - Native American

Historical vs. Market Potential - In accordance to the population, compares the Historical Workload to the US State or National Average (USNA) and IHS Health System Planning (HSP) Software. USNA are taken from a number of sources see Patient Utilization Table for sources.

Year		2003			2015		2015 PI	anning Ass	ımntion
HSP User Pop PSA		111			149		201311	allilling Ass	amption
Discipline	3 Year History	USNA	HSP	3 Year History	USNA	HSP	Total	Direct Care	Contract Care
	Provi	der Visits O	nly	Pro	vider Visits On	ily	Р	rovider Visits O	nly
Inpatient Care									
Labor & Delivery Births	0	2	3	0	3	4	4	3	1
Obstetrics Patient Days	0	4	6	0	6	9	9	7	2
Neonatology Patient Days	0	7	N1/A	0	9	N1/A	9	5	3
Pediatric Patient Days	0	3	N/A	0	4	N/A	4	3	2
Adult Medical Patient Days  Cardiology	0	3		0	4		1	4	1
Endocrinology	0	1		0	4 1		4 1	1	0
Gastroenterology	0	2		0	3		3	3	0
General Medicine	0	2		0	3		3	4	0
Hematology	Ö	0		Ö	0		0	0	0
Nephrology	0	1		0	1		1	1	0
Neurology	0	1		0	2		2	2	0
Oncology	0	1		0	1		1	0	1
Pulmonary	0	3		0	4		4	4	1
Rheumatology	0	0		0	0		0	0	0
Unknown	0	0		0	0		0	0	0
Medical Patient Day Total	0	15	17	0	20	24	24	20	4
Adult Surgical Patient Days									
Dentistry	0	0		0	0		0	0	0
Dermatology	0	0		0	0		0	0	0
General Surgery	0	4		0	6		6	4	2
Gynecology	0	1		0	1		1	1	0
Neurosurgery	0	1		0	1		1	0	1
Ophthalmology	0	0		0	0		0	0	0
Orthopedics	0	3		0	4		4	3	1
Otolaryngology	0	1 2		0	1		1	0	1 2
Thoracic Surgery	0 0	1		0	2 1		2 1	0	0
Urology Vascular Surgery	0	1		0	1		1	1	1
Surgical Patient Day Total	0	13	12	0	18	15	18	10	8
Psychiatry Patient Days	0	2	0	0	3	1	3	10	2
			U		J	•			
Medical Detox Patient Days	0	0		0	1		1	0	0
Sub Acute/Transitional Care	0	8		0	11		11	11	0
Inpatient Care Totals	0	53	36	0	71	49	79	57	21
Inpatient Patient Days	Unmet need if (-)	-53	Over Utilization	on if (+)					
<b>Substance Abuse Non-Acute</b>	Care								
Adult Residential Treatment	0	19		0	25		25	25	0
Adol. Residential Treatment	0	5		0	7		7	7	0
SA Transitional Care	0	1		0	1		1	1	0
Substance Abuse Total	0	25	0	0	33	0	33	33	0
Elder Care									
Skilled Nursing Patients	0	0		0	0		0	0	0
Assisted Living Patients	0	0		0	0		0	0	0
Hospice Patients	0	0		0	0		0	0	0
Nursing Home Total	0	0	0	0	1	0	1	1	0

## **Colusa Indian Health Community Council**



## Market Assessment - Native American

Historical vs. Market Potential - In accordance to the population, compares the Historical Workload to the US State or National Average (USNA) and IHS Health System Planning (HSP) Software. USNA are taken from a number of sources see Patient Utilization Table for sources.

Year		2003			2015		2015 P	anning Ass	umption
HSP User Pop PSA		111			149				
Discipline	3 Year History	USNA	HSP	3 Year History	USNA	HSP	Total	Direct Care	Contract Care
	Pro	ovider Visits On	ly	Pr	ovider Visits On	ly	Р	rovider Visits O	nly
Ancillary Services									
Laboratory Services				-					
Clinical Lab Billable Tests		461	396		619	532	619	553	35
Microbiology Billable Tests		65	93		87	124	124	71	47
Blood Bank Billable Tests		12	8		16	10	16	14	0
Anatomical Pathology	0	1	2	0	1 -	3	3	2	1
Lab Billable Tests	0 0	538	499	0	724	669	724	640	84
Pharmacy Scripts	0	1,120 0		0	1,505 0		1,505 0	1,505 0	0 0
Acute Dialysis Procedures Radiographic Exams	1	38	45	1	51	61	61	61	0
Ultrasound Exams	0	7	6	0	10	8	10	10	0
Mammography Exams	0	, 15	14	0	21	19	21	21	0
Fluoroscopy Exams	0	2	3	0	3	5	5	5	0
CT Exams	0	3	1	0	4	2	4	4	0
MRI Exams	0	2		0	3		3	3	0
Nuclear Medicine Exams	0	5		0	6		6	6	0
Rad. Oncology Treatments	0	Unknown		0	Unknown		0	0	0
Chemotherapy Treatments	0	Unknown		0	Unknown		0	0	0
Rehabilitation Services									
Physical Therapy Visits	0	Unknown		0	Unknown		0	47	0
Occupational Therapy Visits	0	Unknown		0	Unknown		0	14	0
Speech Therapy Visits	0	Unknown		0	Unknown		0	7	0
Rehab Total Visits	0	-	50	0	-	68	68	68	0
Respiratory Therapy	0	Unknown	508	0	Unknown	672	672	672	0
Workload Minutes	0	0		0	1		4	4	0
Cardiac Catheterization  Home Health Care Patients	0	0 1		0	1 1		1 1	1	0 0
Minor Procedure Cases	U	'		O	•		'		U
Endoscopy	0	2		0	2		2	2	0
Outpatient Surgery Cases	Ū	_		· ·	_		_	_	U
Cardiovascular	0	0		0	0		0	0	0
Digestive	0	2		0	3		3	3	0
Endocrine	0	0		0	0		0	0	0
ENT	0	1		0	1		1	1	0
Gynecology	0	1		0	1		1	1	0
Hemic and Lymphatic	0	0		0	0		0	0	0
Integument	0	1		0	1		1	1	0
Musculoskeletal	0	1		0	2		2	2	0
Nervous	0	0		0	0		0	0	0
Ocular	0	1		0	1		1	1	0
Respiratory Urogenital	0 0	0		0	0		0	0	0
OP Surgical Case Total	0	0 7	0	0	1 9	2	1 9	1 9	0
Inpatient Surgery Cases	0	3	0 0	0	9 4	2 0	9 4	2	1
Surgical Case Total	0	10	0	0	13	2	13	12	1
Gurgical Case rolal	U	10	<u> </u>	0	10	_	10	12	'
EMS Responses	0	15		0	20		20	20	0
p <del></del>									

## Delivery Plan - Native American (IHS)

0.0%

Small Health Station SAC

Establishes Projected workload and key characteristics per product line, while recommending a delivery option.

			Projected Need					Delivery	Options		
	PSA Direct	+ ESA Direct	Key Characteristics	# Req'd			PSA		Referral Thre		
Discipline	Care	Care	(KC)	in 2015	On Si	e O	n Site VP	CHS*	Srv Unit	Region	Remarks

# Primary Care (Provider Visits)

Crossover %

Primary Care Clinic examines, diagnoses, and treats ambulatory patients giving continuity and coordination to their total healthcare including referral to other health professionals and admissions to inpatient services while retaining primary responsibility for care of these patients, as appropriate. Primary Care Clinic assesses, provides, and evaluates the care of patients with healthcare problems including history and physical, assessment and treatment of common minor illnesses, maintenance care of patients with chronic diseases, and health counseling and teaching.

· ·	•		· · · · · · · · · · · · · · · · · · ·		U	0				
Family Practice	390	390	Providers	0.2	593					0.2 SAC
Internal Medicine	61	61	Providers	0.0					rol	led up in FP
Pediatric	83	83	Providers	0.0	•				rol	led up in FP
Ob/Gyn	59	59	Providers	0.0	•				rol	led up in FP
Urgent Care Clinic	0	0	Providers	0.0						
Primary Care Total	593	593	Providers	0.2	593	0	0	0	0	0.2 SAC

#### **Emergency Care**

The Emergency Medical Clinic provides emergency care, diagnostic services, treatment, surgical procedures, and proper medical disposition of an emergency nature to patients who present themselves to the service. It refers patients to specialty clinics and admits patients as needed; provides clinical consultation services and professional training of assigned personnel; supports mass casualty and fire drills; and prepares reports.

Emergency/Urgent	34	34	Patient Spaces	0.0			34			
ER/Non-urgent	31	31	Providers	0.0			31			
Emergency Care Total	65	65	Patient Spaces	0.0	0	0	65	0	0	

### Specialty Care

Crossover % 0.0%

Specialty Care examines, diagnoses, and treats diseases and injuries requiring specialized capabilities diagnosis and procedures beyond the Primary Care team. The service is typically provided by visiting providers who have established clinic hours for consistent referral patterns.

Orthopedics	27	27	Providers 0.0			27		
Ophthalmology	20	20	Providers 0.0			20		
Dermatology	21	21	Providers 0.0			21		Telemedicine
General Surgery	21	21	Providers 0.0			21		
Otolaryngology	13	13	Providers 0.0			13		_
Cardiology	6	6	Providers 0.0			6		
Urology	7	7	Providers 0.0			7		_
Neurology	6	6	Providers 0.0			6		_
Subspecialties	33	33	Providers 0.0			33		_
Nephrology	0	0	Providers 0.0		0			0.2 VP Currently
Allergy	5	5	Providers 0.0			5		_
Pulmonology	2	2	Providers 0.0			2		
Gerontology	Unknown	0	Providers Unknown			Х		
Gastroenterology		4	Providers 0.0			4		
Rheumatology		0	Providers Unknown			X		
Oncology	3	3	Providers 0.0			3		
Pediatric-Specialist	Unknown	0	Providers Unknown			х		
Traditional Healing	0	0	Providers 0.0	1.0				_
Specialty Care Sub- Total	168	168		1	0	168	0	0

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# The California Area Health Services Master Plan Colusa Indian Health Community Council

## Delivery Plan - Native American (IHS)

Small Health Station SAC

Establishes Projected workload and key characteristics per product line, while recommending a delivery option.

			Projected Need				Delivery	Options		
	PSA Direct	+ ESA Direct	Key Characteristics	# Req'd		PSA			s due to shold	
Discipline	Care	Care	(KC)	in 2015	On Site	On Site VP	CHS*	Srv Unit	Region	Remarks
Other Ambulatory Care										
Crossover % - Dental	0.0%		Crossover % - Optometry	0.0%						
Dental Service	14,155	14,155	Dentists	0.4	14,155					SA
			Visiting Specialist							
ental Clinic provides			nd maintaining the higl		oral health p			he preventior	n of disease.	
Optometry Visits	48	48	Optometrist	0.0		48	48			SA
		•	s, and adnexa includin	•	•	ocedures, presc	ribes lenses	to correct ref	ractive error	and improv
			nosis and treatment of		disease.					
odiatry Visits	29	29	Podiatrists  ats with disorders, disea	0.0			29			
			prevention of disease; a sion of reports, and ma Dialysis Stations				vices, medica	al care evalu	ation, profes	sional train
•			,							
		•	blood through use of a her specialized suppor		•			•	•	
Audiology Visits	24	24	Audiologists	0.0			24			
			udiologic support for pa		e determinat	ion of etiology, I		d magnitude	of hearing lo	oss and
			sts in the evaluation of							
	•	•	aluations; neonatal hea		•	, ,				
ttings, and repairs; ea eferral and disposition	_	s; vestibular	evaluations, dispensing	g of hearing	protection de	evices (fitting, e	ducation, and	l motivation);	determination	on of prope
orerrar arra arepectaers										
Behavioral Health										
obavioral Hoalth pro	vidae nevehia	tric nevebo	logical psychosocial a	uhotanac ak	use and see	niooconomic ou	dustion and	concultation.	individual or	d aroun
•			logical, psychosocial, s follow-up services to fa							• .

information and referral, and discharge planning; provides clinical and consultative services to patients and families, social service delivery evaluation; professional training of assigned and contractually affiliated personnel; prepares and submits reports; maintains medical and social service records.

Mental Health	24	24	Counselors	0.4	0.4			SAC
Psychiatry Provider	15	15	Providers	0.0		0.0	15	_
Social Service	0	0	Counselors	0.0	1.0			1.0 currently
Alcohol &	0	0	Counselors	1.0	1.0			Override
Substance Abuse	U	U	Couriseiors	1.0	1.0			Override
Behavioral Health	39	39	Counselors	1.4	2.4		15	
Totals	39	39	Couriseiors	1.4	2.4		15	
								<u> </u>

Inpatient Care							
Labor & Delivery	3	3	LDRs 0	.1	0	3	
Obstetrics Patient Days	7	7	# of Beds 0.	.2	0	7	

Obstetrics provides for specialized care, treatment, and consultative evaluation to eligible inpatients; provides antepartum, delivery, and postpartum care to maternity patients; and has responsibility for the operation and maintenance of the labor and delivery suite. The labor and delivery suite provides labor and delivery care by specially trained personnel to eligible patients, including prenatal care during labor, assistance during delivery, post-natal care, and minor gynecological surgery, if it is performed in the suite. Additional activities may include preparing sterile set-ups for deliveries; preparing patients for transportation to the delivery suite and the post-anesthesia.

Neonatology	<b>E</b>	5	# of Bassinets	0.2	0	5
Patient Days	5	ວ	# UI Dassillets	0.2	U	5

The Newborn Nursery provides specialized inpatient care, treatment, and consultative evaluation of newborn infants; coordinates healthcare delivery relative to the examination, diagnosis, treatment, and proper disposition of the newborn, including those born prematurely; and provides for, or otherwise ensures, appropriate diagnostic evaluation and care of all inpatient in the neonatal age group; prepares medical records; and submits required reports.

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## Delivery Plan - Native American (IHS)

Small Health Station SAC

Establishes Projected workload and key characteristics per product line, while recommending a delivery option.

			Projected Need		Delivery Options					
	Direct		Key Characteristics # Req'd			PSA		Referrals due to Threshold		
Discipline	Care	Care	(KC)	in 2015	On Site	On Site VP	CHS*	Srv Unit	Region	Remarks
Pediatric Patient Days	3	3	# of Beds	0.1	0		3			

Pediatric Care provides specialized inpatient care, treatment, and consultative evaluation of infants, children, and adolescents; maintains close liaison with the other professional services; coordinates healthcare delivery relative to the examination, diagnosis, treatment, and proper disposition of eligible patients; prepares medical records; and submits required reports.

#### Adult Medical Acute Care

Medical Care provides inpatient care and consultative evaluation in the medical specialties and subspecialties described in this section; coordinates healthcare delivery relative to the examination, diagnosis, treatment and proper disposition of eligible patients, appropriate to the specialty or subspecialty; prepares medical records; and submits required reports. The organization of the medical care function will vary according to patient load, staffing, and facilities. When subspecialty services are established, they shall provide the related specialized techniques and practices using all the available modern diagnostic procedures, studies, and therapies.

Cardiology	4	4	# of Beds 0.1	0	4			
Endocrinology	1	1	# of Beds 0.0	0	1			
Gastroenterology	3	3	# of Beds 0.1	0	3			
General Medicine	4	4	# of Beds 0.1	0	4			
Hematology	0	0	# of Beds 0.0	0	0			
Nephrology	1	1	# of Beds 0.0	0	1			
Neurology	2	2	# of Beds 0.0	0	2			
Oncology	0	0	# of Beds 0.0	0	0			
Pulmonary	4	4	# of Beds 0.1	0	4			
Rheumatology	0	0	# of Beds 0.0	0	0			
Unknown	0	0	# of Beds 0.0	0	0			
Medical Patient Day Total	20	20	0.4	0	20	0	0	
A I II O ' I A I	^							

Adult Surgical Acute Care

Surgical Care provides inpatient care and consultative evaluation in the surgical specialties and subspecialties described in this subsection; coordinates healthcare delivery relative to the examination, treatment, diagnosis, and proper disposition of eligible patients, appropriate to the specialty or subspecialty; prepares medical records; and submits required reports. The organization of the surgical care function varies according to patient load, staffing, and facilities. When subspecialty services are established, they shall provide the related specialized techniques and practices using all the available modern diagnostic procedures, studies, and the related specialized techniques are established.

Dentistry	0	0	# of Beds 0.0	0	0			
Dermatology	0	0	# of Beds 0.0	0	0			
General Surgery	4	4	# of Beds 0.1	0	4			
Gynecology	1	1	# of Beds 0.0	0	1			_
Neurosurgery	0	0	# of Beds 0.0	0	0			_
Ophthalmology	0	0	# of Beds 0.0	0	0			_
Orthopedics	3	3	# of Beds 0.1	0	3			
Otolaryngology	0	0	# of Beds 0.0	0	0			_
Thoracic Surgery	0	0	# of Beds 0.0	0	0			_
Urology	0	0	# of Beds 0.0	0	0			
Vascular Surgery	1	1	# of Beds 0.0	0	1			_
Surgical Patient	10	10	# of Beds 0.3	0	10	0	0	
Day Total	10	10	# 01 beas 0.3	U	10	U	U	
Intensive Care	6	6	# of beds 0.0	0	6			

Intensive Care Units (ICUs) provide treatment for patients who require intensified, comprehensive observation and care because of shock, trauma, or other life-threatening conditions. They are staffed with specially trained personnel and contain monitoring equipment and other specialized support equipment for treating.

Psychiatry 1 1 # of Beds 0.0 0 1

Psychiatric Care provides specialized care and consultative evaluation for eligible inpatients; coordinates healthcare delivery relative to the examination, diagnosis, treatment, and proper disposition of patients with psychotic, neurotic, or other mental disorders; maintains protective custody of patients with psychiatric disorders when required to prevent injury to themselves or to others; establishes therapeutic regimens; conducts individual or group therapy sessions; provides short-term treatment to patients psychologically or physically dependent upon alcohol or drugs; maintains custody of sensitive or medically privileged records and correspondence that evolve during treatment of patients; prepares medical records; and submits required reports.

# The California Area Health Services Master Plan Colusa Indian Health Community Council

## Delivery Plan - Native American (IHS)

Small Health Station SAC

Establishes Projected workload and key characteristics per product line, while recommending a delivery option

Establishes i rojected workload and key characteristics per product line, while recommending a delivery option.										
			Projected Need				Delivery	Options		
	PSA Direct	+ ESA Direct	Key Characteristics	# Req'd	PSA				s due to shold	
Discipline	Care	Care	(KC)	in 2015	On Site	On Site VP	CHS*	Srv Unit	Region	Remarks
Medical Detox	0	0	# of Beds	0.0	0		0			
Substance Abuse Care diagnosis, treatment, a when required to preve sensitive or medically p	nd proper dispent injury to the	oosition of personal	oatients psychologically r to others; establishes	or physically therapeutic	y dependent regimens; co	t upon alcohol oi onducts individua	r drugs; main al or group th	ntains protect nerapy sessio	ive custody o ons; maintair	of patients as custody of
Sub Acute / Transitional Care	11	11	# of Beds	0.0	0		11			
Transitional Care provi acute care, provides sp						eyond their disch	harge from a	cute care. Si	affing, while	less than
Inpatient Care Totals	63	63	# of Beds	1	0		63	0	0	

### Substance Abuse **Non-Acute Care**

Substance Abuse Non-Acute Care - the treatment of substance abuse disorders in an age and security specific setting.										
Adult Residential	25	25	# of Beds	0.1		25		25		
Treatment	23	25	# OI Deus	0.1		25		25		
Adolescent										
Residential	7	7	# of Beds	0.0		7		7		
Treatment										
Substance Abuse	1	1	# of Beds	0.2		1		1		
Transitional Care	'	'	# OI Deus	0.2		Į		ļ		
Substance Abuse										
Non-Acute Care	33	33		0.3	0	33	0	33		
Totals										

#### **Elder Care**

Elderly Care Program provides physical, psychological, social, and spiritual care for healthy and dying seniors in an environment outside of a hospital.										
Nursing Home	0	0	# of Beds	0.0					0	
Assisted Living	0	0	# of Beds	0.0					0	
Hospice	0	0	# of Beds	0.0					0	
Elder Care Totals	1	1		0.0	0	0		0	1	

### **Ancillary Services**

Crossover % -0.0% Pharmacy

Laboratory

Clinical Pathology operates the clinical laboratories and conducts studies, investigations, analyses, and examinations, including diagnostic and routine tests and systems. Additional activities may include, but are not limited to, transportation of specimens from the nursing floors and surgical suites and preparation of samples for testing. The Clinical Lab includes Chemistry, Urinalysis, Hematology, Serology, Immunology and Coagulation.

Clinical Lab	553	553	Techs @ Peak	0.1	553
Microbiology	71	71	Techs @ Peak	0.0	71
Blood Bank	14	14	Techs @ Peak	0.0	14
Anatomical	2	2	Techs @ Peak	0.0	2

Anatomical Pathology conducts the histopathology and cytopathology laboratories; directs studies, examinations, and evaluations including diagnostic and routine procedures; provides referrals and consultations; performs post-mortem examinations; and operates the morgue.

I			, p p		,		,		
Lab Totals	640	640	Techs @ Peak	0.1	0	0	640	0	0
Pharmacy	1,505	1,505	Pharmacists	0.1	1,505				SAC (dispensing only)
Acute Dialysis	0	0	Rooms	0.0			0		

Acute Dialysis Services provides purification of the patient's blood, removing excess water and toxins, at the bedside while the patient is hospitalized. Specialty trained personnel, supervised by a nephrologist, rotate through the hospital caring for and providing this service to admitted patients requiring dialysis.

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# Delivery Plan - Native American (IHS)

Small Health Station SAC

Establishes Projected workload and key characteristics per product line, while recommending a delivery option.

Discipline  Diagnostic Imaging			Projected Need			Delivery	Options	
	PSA Direct	+ ESA Direct	Key Characteristics	# Req'd	PSA		Referrals due to Threshold	
Diagnostic Imaging	Care	Care	(KC)	in 2015	On Site On Site VF	CHS*	Srv Unit Region	Remarks
Diagnostic imaging								
Diagnostic Radiology p					atients. Activities include ogical safety program; and			
Radiographic	61	61	Rooms	0.0		61		
Ultrasound		10	Rooms	0.0		10		
Mammography		21	Rooms	0.0		21		
Fluoroscopy		5	Rooms	0.0		5		
СТ		4	Rooms	0.0		4		
MRI		3	Rooms	0.0		3		
Diagnostic Imaging Totals	10.5	103	Radiologist	0.0	0 0	103		
Nuclear Medicine	6	6	Rooms	0.0		6		
performing clinical inve	estigative stud	ies, providir	ng whole blood counting	g, evaluating	ns. Functions and activiti patients suspected of be e disposal and storage of	ng contaminat	ed with gamma-emitting	
Chemotherapy	0	0	Patient Spaces	0.0	-	0		
Rehabilitation Servi			550000					
Occupational Therapy, Physical Therapy Occupational	and Speech 47 14	Therapy. 47 14	Therapy FTE Therapy FTE	0.0	es. This service typically	47 14	e disciplines: Physical I	nerapy,
Speech Therapy		7	Therapy FTE	0.0		7		
Rehab Total	68	68	Therapy FTE	0.0	0	68		
Respiratory Therapy	672	672	Therapy FTE	0.0		672		
forms of rehabilitative t	therapy includ	ing initiating	, monitoring, and evalu	ating patien	Certain potent drugs thro t performance and reactic gases through measuren	ns to therapy a	and performing blood gas	analysis. Th
The Cardiac Catheteriz heart and circulatory sy	ystem. Other	activities in	clude explaining test pr	ocedures to	nance of specialized equipatients; performing inva- patients; performing inva- patining special equipment.	•	· ·	
Home Health Care	1	1	# FTE	0.1		1		
	rovided to ind		d families in their places	of residence	e to promote, maintain, o	<u> </u>	or to maximize the level	of
III GEDELIGETICE WITHE IT								
Surgery		nesthesiolog	gy, Pre & Post Recover	y, and the p	rovision of invasive proce	dures requiring	the sterility of an Operat	
Surgery								ing Room or
Surgery The Surgery product lii							, , , , , , , , , , , , , , , , , , ,	ing Room or
Surgery The Surgery product lin Minor Procedure Room Minor Procedure Endoscopy	2	2	Endo Suites	0.0		2		ing Room or
Surgery The Surgery product lin Minor Procedure Room Minor Procedure Endoscopy Outpatient Surgery	2 Cases					2		ing Room or
Surgery The Surgery product lin Minor Procedure Room Minor Procedure Endoscopy Outpatient Surgery Cardiovascular	2 Cases	0	Outpatient ORs	0.0		0		ing Room or
Surgery The Surgery product lin Minor Procedure Room Minor Procedure Endoscopy Outpatient Surgery Cardiovascular Digestive	Cases 0 3	0 3	Outpatient ORs Outpatient ORs	0.0		0 3		ing Room or
Surgery The Surgery product lin Minor Procedure Room Minor Procedure Endoscopy Outpatient Surgery Cardiovascular Digestive Endocrine	2 Cases 0 3	0 3 0	Outpatient ORs Outpatient ORs Outpatient ORs	0.0 0.0 0.0		0		ing Room or
Surgery The Surgery product lin Minor Procedure Room Minor Procedure Endoscopy Outpatient Surgery Cardiovascular Digestive	2 Cases 0 3 0	0 3	Outpatient ORs Outpatient ORs	0.0		0 3 0		ing Room or
Surgery The Surgery product lin Minor Procedure Room Minor Procedure Endoscopy Outpatient Surgery Cardiovascular Digestive Endocrine ENT	2 Cases 0 3 0 1 1 1	0 3 0	Outpatient ORs Outpatient ORs Outpatient ORs Outpatient ORs	0.0 0.0 0.0 0.0		0 3 0		ing Room or

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Musculoskeletal

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Outpatient ORs

0.0

# The California Area Health Services Master Plan Colusa Indian Health Community Council

# Delivery Plan - Native American (IHS)

Small Health Station SAC

Establishes Projected workload and key characteristics per product line, while recommending a delivery option.

			Projected Need				Delivery	Options		
	PSA Direct	+ ESA Direct	Key Characteristics	# Req'd		PSA			s due to shold	
Discipline	Care	Care	(KC)	in 2015	On Site	On Site VP	CHS*	Srv Unit	Region	Remark
Nervous	0	0	Outpatient ORs	0.0			0			
Ocular	1	1	Outpatient ORs	0.0			1			
Respiratory	0	0	Outpatient ORs	0.0			0			
Urogenital		1	Outpatient ORs	0.0			1			
OP Surgical Case		9	Outpatient ORs	0.0	0	0	9	0	0	
patient Surgery	2	2	Inpatient ORs	0.0	0	0	2	0	0	
Surgical Case	12	12		0.0	0	0	14	0	0	
dministrative upport										
dministration			# of FTE	0.0	0.0				SAC (in T	ribal Admi
	es, administer	s, and sup	ervises all professional		strative aspec	ts of the facility:	responsible			
			elated to available medi							
esponsible for the care	e, treatment, a	and welfare	of all patients.							
ursing Administrat	ion		# of FTE	0.0	0.0					In Adm
		facility, bo	th inpatient and outpati	ent. Respoi	nsible for the	hiring and contil	nued educa	tion of the nui	sing and me	edical aid si
lanages nursing quali				•		J			, and the second	
uality Managemer	nt		# of FTE	0.0	0.0					In Adm
<del></del>		orofessiona	al staff, performance im			he facility and p	atient care	utilization revi	ew	III Adili
	mamig or the p	,, 0, 0 0 0, 0, 10	ar otali, poriormanoo iii			no raomiy ana p	anorn ouro	a2a	····	
formation Manage	ement		# of FTE	0.2	0.2					SAC
formation Manageme	ent Departmen	t provides	the responsibility for ma	anaging the	day to day of	peration, training	g, maintena	nce and devel	opment of t	he
omputerization hardw	are, software	and netwo	rking resources allocate	ed to the faci		lian Health Serv	ice.			
lealth Information N			# of FTE	0.6	0.6					SAC
	_	-	for assembling, collection	ng, completi	ing, analyzing	g, ensuring avail	ability, and	safekeeping c	of patient red	cords (also
· · · · · · · · · · · · · · · · · · ·	to facilitate, ev	aluate, and	d improve patient care.							0.1.0
usiness Office		,	# of FTE	0.6	0.6					SAC
•		•	redures to maximize ne	•		•	•		•	
		•	ccounts receivable man e made; and documents	_	•		requirerne	rns, subrins a	ii ciaiiiis to t	illiu-party
					oonoonon ac					
	risure triat con			0.6	1.6	ziivities.			SAC (1	0 currentl
Contract Health			# of FTE	0.6	1.6		done by de	terminina elia		.0 currentl
Contract Health Contract Health Service	e Program cod	ordinates a	# of FTE	hat is not av	ailable at the	facility. This is	-		ibility for Co	ntract Healt
Contract Health Contract Health Service	e Program cod	ordinates a	# of FTE	hat is not av	ailable at the	facility. This is	-		ibility for Co	ntract Healt
Contract Health Contract Health Service Care, identifying other Cacility Support	e Program cod	ordinates a	# of FTE	hat is not av	ailable at the	facility. This is	-		ibility for Co	ntract Healt
contract Health contract Health Service are, identifying other acility Support ervices	e Program coo alternate reso	ordinates a	# of FTE ccess to medical care t ablishing medical prioriti	hat is not av ies and havi	railable at the ng an effectiv	facility. This is	-		ibility for Co	ntract Healt ents, and sta
Contract Health Contract Health Service Care, identifying other Cacility Support Cervices Clinical Engineering	e Program coo alternate reso	ordinates a urces, esta	# of FTE access to medical care to ablishing medical prioriti # of FTE	hat is not avies and havi	vailable at the ng an effectiv	facility. This is we working relation	onship with	all private pro	ibility for Co. viders, patie	ntract Healt ents, and sta
Contract Health Contract Health Service Care, identifying other Cacility Support Cervices Clinical Engineering pro-	e Program co alternate reso	ordinates a urces, esta	# of FTE access to medical care to ablishing medical prioriti  # of FTE anance, inspection, and	hat is not avies and havi	railable at the ng an effectiv  0.1	facility. This is the working relation	conducts a	all private pro	ibility for Co viders, patie spection of e	ntract Healt ents, and sta and sta SA equipment t
Contract Health Contract Health Service Facility Support Services Clinical Engineering pretermine operational	e Program co alternate reso l ovides preven status, and as	ordinates a urces, esta tive mainte signs servi	# of FTE access to medical care to ablishing medical prioriti # of FTE anance, inspection, and acceptability condition code	hat is not avies and havi	vailable at the ng an effective of the ng an effective of the ng and effective of the ng and the ng	facility. This is the working relation that equipment; a scheduled prev	conducts a	all private pro	ibility for Co. viders, patie spection of e	ntract Healt ents, and sta ents, and sta SA SA SA SA SA SA SA SA SA SA SA SA SA
Contract Health Contract Health Service Facility Support Services Clinical Engineering pretermine operational squipment; repairs or repairs or repairs or recontract the contract of the contr	e Program co alternate reso l ovides preven status, and as replaces worn	ordinates a urces, esta tive mainte signs servi or broken p	# of FTE access to medical care to ablishing medical prioriti # of FTE anance, inspection, and acceptability condition code barts; rebuilds and fabri	hat is not avies and havi	vailable at the ng an effective of the ng an effective of the ng an effective of the ng and ng	facility. This is the working relation that equipment; as scheduled previounents; modifie	conducts a ventive mail s equipmer	all private pro	ibility for Co. viders, patie spection of e edical and c new equipm	ntract Healt ents, and sta ents, and sta SA SA SA SA SA SA SA SA SA SA SA SA SA
Contract Health Contract Health Service Care, identifying other Cacility Support Cacility S	e Program co alternate reso l ovides preven status, and as replaces worn	ordinates a urces, esta tive mainte signs servi or broken p	# of FTE access to medical care to ablishing medical prioriti # of FTE anance, inspection, and acceptability condition code	hat is not avies and havi	vailable at the ng an effective of the ng an effective of the ng an effective of the ng and ng	facility. This is the working relation that equipment; as scheduled previounents; modifie	conducts a ventive mail s equipmer	all private pro	ibility for Co. viders, patie spection of e edical and c new equipm	ntract Healt ents, and sta ents, and sta SA SA SA SA SA SA SA SA SA SA SA SA SA
Contract Health Contract Health Service Care, identifying other Carelity Support Cervices Clinical Engineering protectional Engineering protectional Engineering protectional in the contractor of the contractor	e Program con alternate reso ovides preven status, and as eplaces worn stalled equipm	ordinates a urces, esta tive mainte signs servi or broken p	# of FTE ccess to medical care to ablishing medical prioriti  # of FTE enance, inspection, and cceability condition code barts; rebuilds and fabri sembles, packs, receive	hat is not avies and havi	0.1 edical and de ent; performs ment or comp ects equipme	facility. This is the working relation that equipment; as scheduled previounents; modifie	conducts a ventive mail s equipmer	all private pro	ibility for Co. viders, patie spection of e edical and c new equipm	sA equipment tilents, and sta
Contract Health Contract Health Service Care, identifying other Carelity Support Carelity S	e Program con alternate reso land the reso sovides preven status, and as eplaces worn stalled equipm	ordinates a urces, esta tive mainte signs servi or broken j nent; disass	# of FTE ccess to medical care to ablishing medical prioriti  # of FTE enance, inspection, and cceability condition code barts; rebuilds and fabri sembles, packs, receive # of FTE	0.1 repair of me so to equipm icates equipmes, and inspectors.	vailable at the ng an effective of the ng an effective of the ng an effective of the ng and ng	facility. This is the working relation that equipment; as scheduled previounents; modifie	conducts a ventive mail s equipmer	all private pro	ibility for Co. viders, patie spection of e edical and c new equipm	ntract Healt ents, and sta ents, and sta SA SA SA SA SA SA SA SA SA SA SA SA SA
Contract Health Contract Health Service Care, identifying other Care, identifying other Cacility Support Cacility Support Cacility Support Cacility Support Cacility Support Cacility Support Cacility Managemer Che maintenance of a	e Program con alternate reso land the reso sovides preven status, and as eplaces worn stalled equipm	ordinates a urces, esta tive mainte signs servi or broken j nent; disass	# of FTE access to medical care to ablishing medical prioriti  # of FTE enance, inspection, and ceability condition code parts; rebuilds and fabri sembles, packs, receive  # of FTE Iding systems and ground	0.1 repair of mes to equipmicates equipmes, and inspendent	0.1 edical and de ent; performs ment or compects equipme	facility. This is the working relation that equipment; as scheduled previounents; modifie	conducts a ventive mail s equipmer	all private pro	ibility for Co. viders, patie spection of e edical and c new equipm	SA equipment t dents, inspec
Contract Health Contract Health Service Care, identifying other Facility Support Gervices Clinical Engineering projectermine operational and tests contractor-instance of a new contract of the maintenance of a contract Sterile	e Program con alternate reso l sovides preven status, and as replaces worn stalled equipment thealth sites fa	ordinates a urces, esta tive mainte signs servi or broken j eent; disass cilities, bui	# of FTE access to medical care to ablishing medical prioriti  # of FTE enance, inspection, and ceability condition code parts; rebuilds and fabri sembles, packs, receive  # of FTE Iding systems and groun  # of FTE	0.1 repair of mess to equipmicates equipmess, and inspectors 0.1 nds 0.0	0.1 edical and de ent; performs ment or compects equipme  0.1  0.0	facility. This is be working relation on tal equipment; a scheduled previonents; modifient; and maintain	conducts a rentive main s equipmer s audio and	all private pro systematic in. ntenance of m nt and installs d video equipn	ibility for Co. viders, patie spection of e edical and c new equipm nent.	SA SA SA SA
Contract Health Contract Health Service Care, identifying other Facility Support Gervices Clinical Engineering professional Engineering professional Engineering professional Engineering or rand tests contractor-instructional Engineering or rand tests contractor-instructional Engineering Management The maintenance of a Central Sterile	e Program con alternate reso l sovides preven status, and as replaces worn stalled equipment thealth sites fa	ordinates a urces, esta tive mainte signs servi or broken j eent; disass cilities, bui	# of FTE access to medical care to ablishing medical prioriti  # of FTE enance, inspection, and ceability condition code parts; rebuilds and fabri sembles, packs, receive  # of FTE Iding systems and ground	0.1 repair of mess to equipmicates equipmess, and inspectors 0.1 nds 0.0	0.1 edical and de ent; performs ment or compects equipme  0.1  0.0	facility. This is be working relation on tal equipment; a scheduled previonents; modifient; and maintain	conducts a rentive main s equipmer s audio and	all private pro systematic in. ntenance of m nt and installs d video equipn	ibility for Co. viders, patie spection of e edical and c new equipm nent.	SA SA SA SA
Contract Health Contract Health Service Care, identifying other Facility Support Gervices Clinical Engineering projectormine operational arquipment; repairs or rand tests contractor-institution of a contract of a contract Sterile	e Program con alternate reso l sovides preven status, and as replaces worn stalled equipment thealth sites fa	ordinates a urces, esta tive mainte signs servi or broken j eent; disass cilities, bui	# of FTE access to medical care to ablishing medical prioriti  # of FTE enance, inspection, and ceability condition code parts; rebuilds and fabri sembles, packs, receive  # of FTE Iding systems and groun  # of FTE	0.1 repair of mess to equipmicates equipmess, and inspectors 0.1 nds 0.0	0.1 edical and de ent; performs ment or compects equipme  0.1  0.0	facility. This is be working relation on tal equipment; a scheduled previonents; modifient; and maintain	conducts a rentive main s equipmer s audio and	all private pro systematic in. ntenance of m nt and installs d video equipn	ibility for Co. viders, patie spection of e edical and c new equipm nent.	SA SA SA SA
Contract Health Contract Health Service Care, identifying other Facility Support Services Clinical Engineering projectermine operational equipment; repairs or rand tests contractor-institute maintenance of a licentral Sterile Central Sterile The decontamination, a contractor-institute of the decontamination of the decontami	e Program con alternate reso alternate reso ovides preven status, and as replaces worn stalled equipment thealth sites fa assembly, stel	ordinates a urces, esta tive mainte signs servi or broken p eent; disass cilities, buil	# of FTE access to medical care to ablishing medical prioriti  # of FTE anance, inspection, and acceability condition code boarts; rebuilds and fabric sembles, packs, receive  # of FTE adding systems and groun  # of FTE and distribution of reusab	0.1 repair of me st to equipmicates equipmes, and insperiends 0.0 0.0 le instrumer	0.1 edical and de lent; performs ment or compects equipme  0.1  0.0  0.0  0.0	facility. This is the working relation of the working relation of the working relation of the working responsible for the working relation to the working rela	conducts a ventive main s equipmen s audio and	all private pro systematic in- ntenance of m and installs d video equipn on of other ste	ibility for Co. viders, patie spection of e edical and c new equipm nent.	SA SA SA SA SA SA SA SA
contract Health contract Health Service care, identifying other care, identify	e Program con alternate reso alternate reso ovides preven status, and as replaces worn stalled equipment thealth sites fa assembly, stel	ordinates a urces, esta tive mainte signs servi or broken p eent; disass cilities, buil	# of FTE access to medical care to ablishing medical prioriti  # of FTE anance, inspection, and acceptility condition code boarts; rebuilds and fabric sembles, packs, receive  # of FTE adding systems and groun  # of FTE and distribution of reusab  # of FTE and distribution of reusab	0.1 repair of me st to equipmicates equipmes, and insperiends 0.0 0.0 le instrumer	0.1 edical and de lent; performs ment or compects equipme  0.1  0.0  0.0  0.0	facility. This is the working relation of the working relation of the working relation of the working responsible for the working relation to the working rela	conducts a ventive main s equipmen s audio and	all private pro systematic in- ntenance of m and installs d video equipn on of other ste	ibility for Co. viders, patie spection of e edical and c new equipm nent.	SA SA SA SA SA SA SA

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managing the installation medical war readiness material program.

of medical organization in-use property through authorization, property accounting, reporting and budgetary procedures; and planning, pre-positioning, and

# Delivery Plan - Native American (IHS)

Small Health Station SAC

Establishes Projected workload and key characteristics per product line, while recommending a delivery option.

			Projected Need				Delivery	Options		
	PSA Direct	+ ESA Direct	Key Characteristics	# Req'd		PSA		Referrals Thres		
Discipline	Care	Care	(KC)	in 2015	On Site	On Site VP	CHS*	Srv Unit	Region	Remarks
Housekeeping & Lir	nen		# of FTE	0.2	0.2					SAC
The Housekeeping Sel Housekeeping, also, is linens.	· ·	· ·	•		-	_				s and special
Preventive Care/HPDP The oversight of all pre			• -		-		-			-
staff. These department Disease Prevention	nts provide le	adership to	all areas of the facility	in their effor	ts to increase	the health awa	reness of the	public. HPDF	P - Health P	romotion &
Public Health Nursin	ng		# of FTE	0.4	0.4					SAC
Public Health Nutriti	on		# of FTE	0.0	0.0					
<b>Environmental Heal</b>	th		# of FTE	0.4	0.4					
Health Education			# of FTE	0.0	0.0					
Additional Services										
Case Management			# of FTE	0.0	0.0				SAC - i	ncl. in PHN
Case Management pro	vides profess	sional staff o	ledicated to insuring a	continuum o	f care and fol	low up for chror	nically ill or po	otentially chro	nically ill pa	tients.
OLUD			" (ETE							
CHR			# of FTE	0.0	0.0		(			I IN I = (= ££
Community Health repubasic health care screen			•			make reterrals	to appropriat	e agencies, a	na assist Pi	HIN Staff With
	alling. Also pe	irticipate irr	<u> </u>						/T.::la.	ol Duo augus)
Diabetes Program	nun idaa fau	tha diabatia	# of FTE	0.0	0.0	tha nuannativa	diabatia nati	ant with measure		al Program)
The Diabetes Program clinical screening. The	•		·		-		иаренс ран	ent with preve	entive educa	ilion and
Senior Citizen Cente		арропос оп	# of FTE	0.0	0.0	0070.				
Congregate meal, mea		mpanionshi				nter Supry Co	ook Driver) (	Centers/Staff)		
3 .5	, , , , , , , , , , , , , , , , , , ,	, ,	,,, <b>,</b> ,			, , , , , , , , , , , , , , , , , , , ,	., ., ., (	,		
EMS	20	20	Loc #1 - # of FTE	0.0	0.0		20			
			# of Ambulances	0.0	0.0					
			Loc #2 - # of FTE	0.0	0.0					
			# of Ambulances	0.0	0.0					
			Loc #3 - # of FTE	0.0	0.0					
			# of Ambulances	0.0	0.0					
Emergency Medical Se seven days a week, sta					daries of a se	ervice unit. Amb	ulances are a	available twen	ty-four houi	rs a day
Alternative Medicine	)		# of FTE	0.0	0.0					
This service provides n	atural, traditio		iropractic services to th	e communit	y as well as e	ducational serv	ices related t	o various hea	Ith issues.	It also seeks
to alleviate concerns co	ommunity me	mbers may		ressed healti	h issues.					
Transportation			# of FTE	0.4	0.4		, ,	''' 10 ' I		SAC
Transportation Departrincurred for automotive			-							expenses
Maternal Child Heal	th		# of FTE	0.0	0.0					
Maternal and Child Hea		exist to prov				support to Nativ	e American r	nothers. The	se services	can include
breastfeeding educatio	n/support, ho	me visit eva	aluations for pre and po	ost natal care	e, education o	on topics such a	s FAS/FAE, o	car seat use a	and safety, a	and nutrition.
WIC			# of FTE	0.0	0.0					
WIC Program provides postpartum women, int		•								eding,
Security			# of FTE	0.0	0.0					
Security is responsible	for the safety	and well h				It includes phy	sical security	of parking lo	ts surround	lina arounds
and interiors of the faci		and Wen D	omg of noophal palletill	o, violioro, al	a personner.	it moidues priy	olour occurrly	or parking 101	o, sarrourid	g grounds,

# Delivery Plan - Native American (IHS)

Small Health Station SAC

Establishes Projected workload and key characteristics per product line, while recommending a delivery option.

			Projected Need				Delivery	Options		
	PSA Direct	+ ESA Direct	Key Characteristics	# Req'd		PSA		Referral Thres		
Discipline	Care	Care	(KC)	in 2015	On Site	On Site VP	CHS*	Srv Unit	Region	Remarks
Domestic Violence			# of FTE	0.0	0.0					
education, appointmen	nt referrals for ough the provis	sterilization	lative American health of procedures, and pre-ners/safe houses and/or	atal/post-nat	al home visi	ts to discuss fan	nily planning	needs; as we	ell as lowerin	g incidents o
Wellness Center	, , ,		# of FTE	0.0	0.0				(Triba	al Program)
Wellness Center provi			nining, coaching and ed s as Elder Care, Diabe			cans of all ages,	acting eithe	r as an indep		
Outreach Elder Car	re		# of FTE	0.0	0.0					
Elder Care provides a education and health I		, ,	vironment as well as ar ded by the staff.	n outreach pr	ogram for th	ne community's e	lders. Lunc	h distribution,	social funct	ions, health
HIV/AIDS			# of FTE	0.0	0.0					
Coordinates all educations with HIV/AIDS.	tional services	for persons	s at high-risk for contrac	cting the viru	s which cau	ses HIV/AIDS.(	Case manag	ement is also	provided to	those living
Injury Prevention			# of FTE	0.0	0.0					
Reduce injury morbidi	ty and mortalit	y among Na	ative Americans.							
Tribal Health Admir	nistration		# of FTE	2.0	6.0				SAC (cu	rrently 4.0)
Tribal Health Administ personal control over t	•		es and ensures quality life.	health servi	es for servi	ce unit residents	, while enco	uraging more	self-reliance	and
Tobacco			# of FTE	0.0	0.0					
•			us primarily on reducing prough education and p		•	•	as well as re	ducing expos	ure to secon	d hand
Bio-Terrorism			# of FTE	0.0	0.0					
, ,	•		rdination and planning ment for the Service Ar	•	y response	activities, includi	ng emerging	infectious dis	seases, heal	thcare
Total 2015 Non-De	eviated RRM	I Staff FT	Es	5.6	13.4	Required IHS	Supporta	able Space	Staff	SAC

### **Colusa Indian Health Community Council**



# Resource Allocation - Native American (IHS)

Small Health Station SAC

		Direct Health Care					Contract Health Care			
Discipline	Planned Projected Provider Visits	Key Characteristics (KC)	# Req'd in 2015	Exist KC (From Quest.)	% of Need	Planned Projected Provider Visits	Cost / Unit	Total CH Dollars		
Primary Care	Only					Only				
Family Practice	593	Providers	0.2	1.0	500%	0	\$64	\$0		
	Visiting Provid	lers to outlying areas.								
		Provider Offices	1.0	1.0	100%					
- I.A. P		Exam Rooms	2.0	3.0	150%	0	004	00		
Internal Medicine	0	Providers lers to outlying areas.	0.0		100%	0	\$64	\$0		
	VISITING FIOVIC	Inpatient Physician	0.0		100%					
		Provider Offices	0.0		100%					
		Exam Rooms	0.0		100%					
Pediatric	0	Providers	0.0		100%	0	\$50	\$0		
	Visiting Provid	lers to outlying areas.								
		Inpatient Physician	0.0		100%					
		Provider Offices	0.0		100%					
01.70		Exam Rooms	0.0		100%	0	0440	40		
Ob/Gyn	0	Providers	0.0		100%	0	\$110	\$0		
	VISITING PIOVIC	lers to outlying areas. Inpatient Physician	0.0		100%					
		Provider Offices	0.0		100%					
		Exam Rooms	0.0		100%					
Urgent Care Clinic	0	Providers	0.0		100%	0	\$136	\$0		
· ·	Visiting Provid	lers to outlying areas.								
	_	Provider Offices	0.0		100%					
		Exam Rooms	0.0		100%	-				
Primary Care Total	593	Providers	0.2	1.0	500%	0		\$0		
	Name in a Octo	Provider Offices	1.0	1.0	100%					
		port (RN+LPN+CNA)		4.0	1000%					
	Ambula	atory Care Nutritionist Exam Rooms	2.0	3.0	100% 150%					
		Dept. Gross Sq. Mtrs		62.0	56%					
		Dopt. Grood Gq. Mile	110.0	02.0	0070					
Emergency Care	0	ER Providers	0.0		100%	65	\$261	\$16,852		
	Nursir	ng Support (RN+LPN)	0.0		100%					
		Patient Spaces	0.0		100%					
	Provider Visits	Dept. Gross Sq. Mtrs	0.0		100%	Provider Visits				
Specialty Care	Only					Only				
Orthopedics	0	Providers	0.0		100%	27	\$134	\$3,681		
'	Visiting Provid	lers to outlying areas.								
		Provider Offices	0.0		100%					
		Exam Rooms	0.0		100%					
Ophthalmology	0	Providers	0.0		100%	20	\$136	\$2,668		
	Visiting Provid	lers to outlying areas.	0.0		4000/					
		Provider Offices Exam Rooms	0.0		100%					
Dermatology	0	Providers	0.0		100% 100%	21	\$73	\$1,551		
Dermatology	~	lers to outlying areas.	0.0		100/0	۷ ۱	ΨΙΟ	ψ1,001		
		Provider Offices	0.0		100%					
		Exam Rooms	0.0		100%					
General Surgery	0	Providers	0.0		100%	21	\$163	\$3,452		
	Visiting Provid	lers to outlying areas.								
		Provider Offices	0.0		100%					
		Exam Rooms	0.0		100%			<b>0.1.15</b> =		
Otolaryngology	0	Providers	0.0		100%	13	\$86	\$1,105		
	visiting Provid	lers to outlying areas. Provider Offices	0.0		100%					
		Exam Rooms	0.0		100%					
		LAGIII INOUIIIS	0.0		100 /0					

### **Colusa Indian Health Community Council**



# Resource Allocation - Native American (IHS)

Small Health Station SAC

	Direct Health Care					Contract Health Care			
Discipline	Planned Projected	Key Characteristics (KC)	# Req'd in 2015	Exist KC (From Quest.)	% of Need	Planned Projected	Cost / Unit	Total CH Dollars	
Cardiology	0	Providers	0.0		100%	6	\$126	\$776	
	Visiting Provid	lers to outlying areas.					,	,	
	•	Provider Offices	0.0		100%				
		Exam Rooms	0.0		100%				
Urology	0	Providers	0.0		100%	7	\$163	\$1,173	
	Visiting Provid	lers to outlying areas.							
		Provider Offices	0.0		100%				
		Exam Rooms	0.0		100%				
Neurology	0	Providers	0.0		100%	6	\$133	\$772	
	Visiting Provid	lers to outlying areas.	0.0		1000/				
		Provider Offices	0.0		100%				
		Exam Rooms	0.0		100%				
Other Subspecialties						33	\$96	\$3,145	
Nephrology	0	Providers	0.0	0.2	100%				
, 6,		lers to outlying areas.				Not SAC s	upported		
	J	Provider Offices	0.0		100%	11010110			
		Exam Rooms	0.0		100%				
Allergy		Providers	0.0		100%				
	Visiting Provid	lers to outlying areas.							
		Provider Offices	0.0		100%				
		Exam Rooms	0.0		100%				
Pulmonology		Providers	0.0		100%				
	Visiting Provid	lers to outlying areas.							
		Provider Offices	0.0		100%				
		Exam Rooms	0.0		100%				
Gerontology		Providers	0.0		100%				
	Visiting Provid	lers to outlying areas.							
		Provider Offices	0.0		100%				
		Exam Rooms	0.0		100%				
Gastroenterology		Providers	0.0		100%				
	Visiting Provid	lers to outlying areas.							
		Provider Offices	0.0		100%				
		Exam Rooms	0.0		100%				
Rheumatology	\" " B	Providers	0.0		100%				
	Visiting Provid	lers to outlying areas.	0.0		1000/				
		Provider Offices	0.0		100%				
0:		Exam Rooms	0.0		100%				
Oncology		Providers lers to outlying areas.	0.0		100%				
	visiting Provid	Provider Offices	0.0		1000/				
		Exam Rooms	0.0		100% 100%				
Pediatric-Specialist	-	Providers	0.0		100%				
i ediatric-opecialist	Visiting Provin	lers to outlying areas.	0.0		100 /0				
	Visiting 1 10VIC	Provider Offices	0.0		100%				
		Exam Rooms	0.0		100%				
Traditional Healing	-	Providers	1.0		0%				
		Provider Offices	1.0		0%				
		Exam Rooms	1.0		0%				
Podiatry Visits	0	Podiatrists	0.0		100%	29	\$0	\$0	
		lers to outlying areas.					, <b>v</b>	, -	
	5	Podiatry Offices	0.0		100%				
		Exam Rooms	0.0		100%				
Specialty Care Sub-Total	0	Exam Rooms	1.0	0.0	0%	184		\$18,322	
		Provider Offices	1.0	0.0	0%			•	
	Nursing Sup	port (RN+LPN+CNA)	0.0		100%				
		Dept. Gross Sq. Mtrs	73.0		0%				
Total la Hausa Describera	F00	Descriden	4.0	1.0	4000/				
Total In-House Providers	593	Providers	1.2	1.2	100%				

## **Colusa Indian Health Community Council**



# Resource Allocation - Native American (IHS)

Small Health Station SAC

	Direct Health Care					Contract Health Care		
Discipline	Planned Projected	Key Characteristics (KC)	# Req'd in 2015	Exist KC (From Quest.)	% of Need	Planned Projected	Cost / Unit	Total CH Dollars
Visiting Professional Clinic	48	Exam	0.0		100%			SAC
Services Include:		Provider Offices	0.0		100%	SAC provid	des staff &	space
		Dept. Gross Sq. Mtrs	0.0		100%	for VP for 0		
Other Ambulatory Care Services								
Dental Service Minutes	14,155	Dentists	0.4	1.0	250%	0	\$0	\$0
		Visiting Specialists	0.0		100%			
	Visiting Provi	ders to outlying areas.	0.0		4000/			
		Hygienists	0.0	2.0	100%			
		Dental Chair	2.0	2.0	100%			
		Specialist Chair	0.0	50 O	100%	Inal in DC		
Ontomoto Vioito	0	Dept. Gross Sq. Mtrs Optometrist	0.0	50.2	100%	Incl. in PC 48	ድጋበ 4	¢0.012
Optometry Visits	~	ders to outlying areas.	0.0		100%	40	\$204	\$9,812
	Visiting Provid	Provider Offices	0.0		100%			
		Eye Lanes	0.0		100%			
		Dept. Gross Sq. Mtrs			100%			
Dialysis Patients	6	Dialysis Stations	1.9	6.0	316%	0	\$328	\$0
Dialysis Fallerits	O	•					C supporte	4 J
		Dept. Gross Sq. Mtrs		77.2	90%			
Audiology Visits	0	Audiologists	0.0		100%	24	\$551	\$13,251
	Visiting Provid	ders to outlying areas.	0.0		4000/			
		Audiologist Offices	0.0		100%			
		Audiology Booths	0.0		100%			
	<del>-</del>	Dept. Gross Sq. Mtrs	0.0		100%			
Behavioral Health								
Mental Health		Counselors	0.4		0%			
Psychiatry		Counselors	0.0		100%			
Social Service		Counselors	1.0	1.0	100%			
Alcohol & Substance Abuse		Counselors	1.0		0%			
Behavioral Health Total		Total Counselors	2.4	1.0	42%	15	\$417	\$6,261
	Visiting Provi	ders to outlying areas.						
		Counselor Offices	3.0	1.0	33%			
		Dept. Gross Sq. Mtrs	73.5	9.3	13%	47.5 Base S	AC Alloca	tion
Inpatient Care								
Births	0	LDRPs	0.0		100%	4	\$1,983	\$7,913
		Dept. Gross Sq. Mtrs	0.0		100%			
Obstetric Patient Days	0	Post Partum beds	0.0		100%	9		
	_	Dept. Gross Sq. Mtrs			100%			
Neonatology Patient Days	0	# of Bassinets	0.0		100%	9	\$562	\$4,846
·	_	Dept. Gross Sq. Mtrs			100%			
Pediatric Patient Days	0	# of Beds	0.0		100%	4	\$562	\$2,404
		Dept. Gross Sq. Mtrs			100%			0.10.55
Adult Medical Acute Care	0	# of Beds	0.0		100%	24	\$1,918	\$46,664
A.L. 11.0		Dept. Gross Sq. Mtrs			100%	40	04.040	#00 00 <del>-</del>
Adult Surgical Acute Care	0	# of Beds	0.0		100%	18	\$1,918	\$33,887
11 0 5 11 15		Dept. Gross Sq. Mtrs			100%	_	04.040	044.007
Intensive Care Patient Days	0	# of Beds	0.0		100%	6	\$1,918	\$11,397
Development Development		Dept. Gross Sq. Mtrs			100%	^	<b>0050</b>	<b>C4 400</b>
Psychiatric Patient Days	0	# of Beds	0.0		100%	3	\$356	\$1,120
Medical Detay Deticat Days		Dept. Gross Sq. Mtrs			100%	4	<b>#250</b>	<b>010</b> 5
Medical Detox Patient Days	0	# of Beds	0.0		100%	1	\$356	\$185
Cub Aguto/Transitional Co	-	Dept. Gross Sq. Mtrs			100%			
Sub Acute/Transitional Care	0	# of Beds	0.0		100%			
Innationt Cara Tatal	0	Dept. Gross Sq. Mtrs # of patient beds	0.0	0	100%	73		\$108,417
Inpatient Care Total	U	# or patient beds Dept. Gross Sq. Mtrs		0 0	100%	13		φ100,417
adw - colusa - colusa.xls - RA		Dept. Gloss Sq. Mill's	U	U	100%		THEINNOV	A GROUP
o ooos		_	04 600				-	

### **Colusa Indian Health Community Council**



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# Resource Allocation - Native American (IHS)

Small Health Station

Compares # of Key Characteristics (KC) required in 2015 to the Existing Key Characteristics. Existing data was collected from the site visit questionnaires. Also projects necessary Contract Health \$ by Service Line as determined in the Delivery Plan.

		Direct Health Care			Cont	ract Haaltl	Cara	
		Direct He	aith Care			Conti	ract Healtl	1 Care
Discipline	Planned Projected	Key Characteristics (KC)	# Req'd in 2015	Exist KC (From Quest.)	% of Need	Planned Projected	Cost / Unit	Total CH Dollars
Annillam, Camina								
Ancillary Services								
Laboratory Services		T			1000/			
Clinical Lab	0	Tech staff @ peak	0.0		100%			
Microbiology Lab	0	Tech staff @ peak	0.0		100%			
Blood Bank	0	Tech staff @ peak	0.0		100%			
Anatomical Pathology	0	Tech staff @ peak	0.0	0.0	100%	0.40	0.100	0400.074
Lab Total	0	Tech staff @ peak	0.0	0.0	100%	640	\$192	\$123,074
Dhamaa	4 505	Dept. Gross Sq. Mtrs			100%	0		ФО.
Pharmacy	1,505	Pharmacists	0.0		100%	U		\$0
Acuta Dialysia	0	Dept. Gross Sq. Mtrs	0.0		100%			
Acute Dialysis	0	Rooms	0.0		100%			
Diamentia Imagina		Dept. Gross Sq. Mtrs	0.0		100%			
Diagnostic Imaging	0	Doomo	0.0		4000/	61	ტევე	¢14 005
Radiographic exams	0	Rooms Rooms	0.0		100%	61 10	\$232	\$14,085
Ultrasound Exams	0		0.0		100%	21	\$302	\$3,004
Mammography Exams	0	Rooms			100%		\$136	\$2,858
Fluoroscopy Exams	0	Rooms	0.0		100%	5	\$56	\$257
CT MRI exams		Rooms	0.0		100%	4	\$736	\$2,850
	0	Rooms	0.0		100%	3	\$1,314	\$3,426
Diagnostic Imaging Total	U	Radiologists	0.0		100%	103		\$26,480
Niveleen Medicine		Dept. Gross Sq. Mtrs			100%	6	<b>6700</b>	¢4.075
Nuclear Medicine	0	Rooms	0.0 0.0		100%	О	\$723	\$4,675
Padiation Openings	0	Dept. Gross Sq. Mtrs Rooms	0.0		100%			
Radiation Oncology	U				100% 100%			
Chamatharany	0	Dept. Gross Sq. Mtrs Patient Spaces	0.0		100%	0	\$1,192	\$0
Chemotherapy	U	Dept. Gross Sq. Mtrs			100%	U	φ1,19Z	φυ
Rehabilitation Services		Dept. Gloss Sq. Milis	0.0		100%			
PT Visits	0	Therapy FTE	0.0		100%			
OT Visits	0	Therapy FTE	0.0		100%			
Speech Therapy Visits	0	Therapy FTE	0.0		100%			
Rehab Total	0	Therapy FTE	0.0	0.0	100%	68	\$74	\$4,973
Tenab Total	J	Dept. Gross Sq. Mtrs		0.0	100%	00	ΨΙΤ	φ4,070
RT Workload Minutes	0	Therapy FTE	0.0		100%	672		\$0
TTT VVOIRIOUG WIITUGG	J	Dept. Gross Sq. Mtrs			100%	012		ΨΟ
Cardiac Catheterization	0	Rooms	0.0		100%	1	\$3,378	\$3,314
Gardiao Garreterization	J	Dept. Gross Sq. Mtrs			100%		φο,στο	ψ0,014
Surgery		Dopt. Gross eq. Milis	0.0		10070			
Outpatient Endoscopy Cases	0	Endoscopy Suites	0.0		100%	2	\$1,495	\$3,678
Outpatient Surgery Cases	0	Outpatient ORs	0.0		100%	9	\$980	\$9,193
Inpatient Surgical Cases	0	Inpatient ORs	0.0		100%	2	ψυσο	\$0
inpatient ourgical oases	J	# of Pre-Op Spaces	0.0		100%	_		ΨΟ
		# of PACU Spaces	0.0		100%			
		# of Phase II Spaces	0.0		100%			
Surgical Case Total	0	# of ORs	0.0	0.0	100%	14		\$12,871
odrgical odac rotal	O	Dept. Gross Sq. Mtrs		0.0	100%			Ψ12,071
		Dept. Gross eq. Milis	0.0		10070			
Administrative Support								
Administration		# of FTE	0.0		100%			
		Dept. Gross Sq. Mtrs	0.0		100%			
Nursing Administration		# of FTE	0.0		100%			
		Dept. Gross Sq. Mtrs			100%			
Quality Management		# of FTE	0.0		100%			
		Dept. Gross Sq. Mtrs	0.0		100%			
Information Management		# of FTE	0.2		0%			
		Dept. Gross Sq. Mtrs	6.6		0%			
Health Information Mngmt.		# of FTE	0.6		0%			
		Dept. Gross Sq. Mtrs	11.3	16.2	143%			
		·						A GROUP

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### **Colusa Indian Health Community Council**



# Resource Allocation - Native American (IHS)

Small Health Station

SAC

Compares # of Key Characteristics (KC) required in 2015 to the Existing Key Characteristics. Existing data was collected from the site visit questionnaires. Also projects necessary Contract Health \$ by Service Line as determined in the Delivery Plan.

	Direct Health Care					Cont	ract Healt	h Care
· · ·	Planned	Key Characteristics	# Req'd in	Exist KC (From		Planned	Cost /	Total CH
Discipline	Projected	(KC)	2015	Quest.)	% of Need	Projected	Unit	Dollars
Business Office		# of FTE	0.6	04.4	0%			
		Dept. Gross Sq. Mtrs		31.4	100%			
Contract Health		# of FTE	1.6	5.0	313%	CHS sta	ff located i	n Tribal
		Dept. Gross Sq. Mtrs	0.0		100%	space.		
Facility Support Services								
Clinical Engineering		# of FTE	0.1		0%			
		Dept. Gross Sq. Mtrs	0.0		100%			
Facility Management		# of FTE	0.1		0%			
		Dept. Gross Sq. Mtrs	0.0		100%			
Central Sterile		# of FTE	0.0		100%			
		Dept. Gross Sq. Mtrs	0.0		100%			
Dietary		# of FTE	0.0		100%			
•		Dept. Gross Sq. Mtrs	0.0		100%			
Property & Supply		# of FTE	0.2		0%			
. ,,		Dept. Gross Sq. Mtrs	8.6		0%			
Housekeeping & Linen		# of FTE	0.2		0%			
		Dept. Gross Sq. Mtrs			0%			
Dunarian Come						-		
Preventive Care		# of FTE	0.4		00/			
Public Health Nursing		# 01 F 1 E ers to outlying areas.	0.4		0%			
	· ·	, ,	7.0		00/			
Dublic I Is alth Ni duition		Dept. Gross Sq. Mtrs # of FTE	7.0		0%			
Public Health Nutrition			0.0		100%			
	•	ers to outlying areas.	0.0		4000/			
		Dept. Gross Sq. Mtrs			100%			
Environmental Health		# of FTE	0.4		0%			
=		Dept. Gross Sq. Mtrs			0%			
Health Education		# of FTE	0.0	440	100%			
		Dept. Gross Sq. Mtrs		14.9	100%			
Case Management		# of FTE	0.0		100%			
	•	ers to outlying areas.	0.0		4000/			
0.15	_	Dept. Gross Sq. Mtrs			100%			
CHR		# of FTE	0.0		100%			
		Dept. Gross Sq. Mtrs		7.4	100%			
Diabetes Program		# of FTE	0.0		100%			
		Dept. Gross Sq. Mtrs			100%			
HIV/AIDS		# of FTE	0.0		100%			
_		Dept. Gross Sq. Mtrs			100%			
Tobacco		# of FTE	0.0		100%			
		Dept. Gross Sq. Mtrs			100%			
WIC		# of FTE	0.0		100%			
		Dept. Gross Sq. Mtrs			100%			
Wellness Center		# of FTE	0.0		100%			
	_	Dept. Gross Sq. Mtrs	0.0		100%			
Additional Services - IHS Su	upported							
Transportation		# of FTE	0.4		0%	0	\$161	\$0
		Dept. Gross Sq. Mtrs			100%		,	7.
Domestic Violence	_	# of FTE	0.0		100%			
		Dept. Gross Sq. Mtrs			100%			
EMS		# of FTE	0.0		100%	20	\$642	\$12,540
_1410		# of Ambulances	0.0		100%	20	ψ0 <del>1</del> 2	ψ12,04C
		Dept. Gross Sq. Mtrs			100%			
Maternal Child Health		# of FTE	0.0		100%			
viaternai Crillu Health								
Frihal Haalth Administration		Dept. Gross Sq. Mtrs		4.0	100%			
Tribal Health Administration		# of FTE	2.0	4.0	200%			

9.3

Dept. Gross Sq. Mtrs 38.0

### **Colusa Indian Health Community Council**



# Resource Allocation - Native American (IHS)

Small Health Station

SAC

	Direct Health Care					Contract Health Care		
Discipline	Planned Projected	Key Characteristics (KC)	# Req'd in 2015	Exist KC (From Quest.)	% of Need	Planned Projected	Cost / Unit	Total CH Dollars
Alternative Medicine		# of FTE	0.0		100%			
Bio-Terrorism		Dept. Gross Sq. Mtrs # of FTE	0.0		100% 100%			
Bio-Terrorism		Dept. Gross Sq. Mtrs			100%			
Injury Prevention	-	# of FTE	0.0		100%			
, ,		Bldg. Gross Sq. Mtrs.	0.0		100%			
Security		# of FTE	0.0		100%			
		Dept. Gross Sq. Mtrs	0.0		100%			
Total 2015 Non-Deviated RRM Positions	vs Existing I	Recurring IHS	5.6	0.0	0%			SAC
IHS Supportable Space Staff F	Required vs.	Existing	9.4	10.0	107%			
IHS Supportable Space - Build	ling Gross S	quare Meters	549	425	77%			
Substance Abuse Non- Acute Care								
Adult Residential Treatment	0	# of Beds Dept. Gross Sq. Mtrs	0.0 0.0		100% 100%			
Adolescent Residential	0	# of Beds	0.0		100%			
Treatment		Dept. Gross Sq. Mtrs			100%			
Substance Abuse Transitional	0	# of Beds	0.0		100%			
Care		Dept. Gross Sq. Mtrs	0.0		100%			
Total SANAC - Building Gro	ss Square M	eters	0	0	100%			
Additional Services - Non-IHS	Supported							
Elder Care								
Nursing Home	0	# of patient beds	0.0		100%			
		Bldg. Gross Sq. Mtrs.			100%			
Assisted Living	0	# of patient beds	0.0		100%			
Handa		Bldg. Gross Sq. Mtrs.			100%			
Hospice	0	# of patient beds	0.0		100%			
Senior Citizen Center		Bldg. Gross Sq. Mtrs. # of FTE	0.0		100%			
Senior Citizen Center		Bldg. Gross Sq. Mtrs.			100%			
Outreach Elder Care		# of FTE	0.0		100%			
Callodon Lidor Odic		Bldg. Gross Sq. Mtrs.			100%			
Home Health Care	0	# of Home Health Care FTE	0.0		100%	1	\$0	\$0
		Bldg. Gross Sq. Mtrs.	0.0		100%			
Elder Care Total	0	# of patient beds	0	0	100%	-		
		Bldg. Gross Sq. Mtrs.	. 0	0	100%			
Total Elder Care - Building Gross Square Meters			0	0	100%			

### **Colusa Indian Health Community Council**



# Resource Allocation - Native American (IHS)

Small Health Station

SAC

		Direct Health Care						
Dissiplins	Planned	Key Characteristics	# Req'd in	Exist KC (From	O/ of Novel			
Discipline	Projected	(KC)	2015	Quest.)	% of Need			
Miscellaneous Services								
		# of FTE	0.0		100%			
		Bldg. Gross Sq. Mtrs.	0.0		100%			
		# of FTE	0.0		100%			
		Dept. Gross Sq. Mtrs	0.0		100%			
		# of FTE	0.0		100%			
		Dept. Gross Sq. Mtrs	0.0		100%			
		# of FTE	0.0		100%			
		Bldg. Gross Sq. Mtrs.	0.0		100%			
Miscellaneous Services Bui	0	0	100%					
Grand Total - Total Building	549	425	77%					

Contract Health Care					
Planned	Cost /	Total CH			
Projected	Unit	Dollars			

Contract Health Dollars Sub-Total	\$360,843
Other Expenditures - Contract Health	\$140,729
Inflation Adjusted CHS \$ - Total	\$672,107